

evidence that claims which Congress intended to recognize in its 1994 legislation are being denied under present law.

The handling of claims based on undiagnosed illnesses continues to be problematic. Current VA policy requires VA to consider symptoms attributed to a diagnosed condition under whatever rating is appropriate and to also give full credence to symptoms which cannot be attributed to any of the diagnosed illnesses. In some cases, adjudicators in VA Regional Offices have failed to follow VA policy. I hope that by expanding the coverage of service-connection to illnesses which cannot be clearly defined, VA adjudicators will make fewer such errors.

I regret that having expended so much of our Nation's resources on a large tax cut, we lack the funding to make this provision effective until April 1, 2002. There is one and only one reason for not making this provision effective upon enactment and even retroactive to the date of the original legislation. Having spent our Nation's "surplus" on large tax cuts for the wealthiest Americans, we have to search for nickels and dimes to meet our debt to our Nation's disabled veterans. This is a disgrace, but it is the result with which we are now forced to live.

I understand the concerns raised by those who believe the presumptive period for undiagnosed illnesses should be extended. Except for members of the Guard and Reserve who, though not assigned to the Gulf have suffered adverse effects following the administration of anthrax and other vaccines while on inactive duty for training. I am not aware of any cases where symptoms of undiagnosed illnesses have recently become manifest. I am also not aware of any servicemembers recently assigned to the Gulf having experienced symptoms of undiagnosed illnesses, chronic fatigue syndrome or fibromyalgia. However, because this may exist, I do not oppose the two-year extension of time contained in the Manager's amendment. Although I hope that no disabilities with a long latency period such as cancer or other illnesses will result from Gulf Service, I will support a presumption of service-connection if and when certain disabilities are determined to be more prevalent in Gulf veterans than comparable populations.

Section 203 of H.R. 2540 gives the Secretary of Veterans Affairs the authority to protect the service connection of veterans receiving compensation benefits. Last year, Congresswoman CAPPS and I became aware that VA was having difficulty in recruiting veterans to participate in a VA-sponsored research study concerning the prevalence of Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) in Gulf War veterans. Because ALS is such a rare disease, the validity of the study required that as many veterans as possible with this condition be identified. A number of veterans refused to participate in the study because they were currently receiving service connected compensation benefits attributed to an undiagnosed illness. If ALS were to be diagnosed, the veteran would lose those benefits. In response to a joint request from Mrs. CAPPS, Mr. STEARNS, Mr. BILIRAKIS and myself to protect the benefits of the ALS study participants, former Acting Secretary Goyer stated in an October 19, 2000, letter, "there is simply no viable way to provide such protection consistent with existing law and

standards of ethical conduct for Government employees."

Section 203 of H.R. 2540 is intended to remedy this dilemma and provide the VA with the authority needed to enable veterans to participate in medical research studies, without fear that their benefits will be placed in jeopardy. Absent such authority, there is a very real risk that veterans will be caught in a "Catch-22" situation. Without adequate research, it may not be possible to demonstrate an association between service in Southwest Asia and specific rare illnesses experienced by a small number of Gulf War veterans. If the research is inadequate, deserving veterans may be denied compensation. Medical research serves an important humanitarian goal, by furthering knowledge concerning human diseases and treatment. Veterans who participate in such research, without any likelihood of direct benefit to their own lives, deserve to be protected, not punished, for their humanitarian spirit. By preserving the service connected character of the veteran's disabilities, they and their survivors would qualify for compensation and dependency and indemnity compensation (DIC) benefits.

I am also pleased that the bill addresses concerns expressed by Mrs. CAPPS and Mr. BAKER concerning VA's toll-free telephone service. The proposed pilot project should provide veterans with improved access to VA employees for those questions which cannot be handled by VA's automated telephone system. This is particularly important for the growing population of elderly veterans and survivors, who may have difficulty navigating through the high-tech world of automated telephone systems. I expect that this pilot program will provide us with valuable information concerning VA's ability to handle telephonic inquiries.

Likewise, I strongly support the provisions in H.R. 2540 that are derived from H.R. 1929 introduced by TOM UDALL and myself to extend the pilot program providing direct home loans to veterans residing on tribal lands. It is critical that this Congress continued to recognize the important differences between homes on tribal land and conventional home loans under Anglo-American legal principles of real property. This bill provides another home ownership option to Native American veterans residing on tribal lands.

H.R. 2540 also contains provisions derived from H.R. 2222, introduced by Mr. FILNER and H.R. 2359, introduced by Chairman SMITH and myself. VA should not be holding monies which could be distributed to the beneficiaries or heirs of a veteran when the primary beneficiary cannot be located. VA should make every effort to assure that the rightful or equitable beneficiaries of these interests receive the funds to which they are entitled.

Section 406 of H.R. 2540 would eliminate the requirement that veterans filing an appeal with the U.S. Court of Appeals for Veterans Claims also notify the VA. This requirement has apparently caused confusion among appellants and caused some to be denied their right to appeal a decision to the court in a timely manner. Since current court rules require the U.S. Court of Appeals for Veterans Claims to notify the Secretary of Veterans Affairs when an appeal is documented, sufficient notice would be provided to the Secretary with the elimination of this requirement.

I thank the Chairman and Ranking Member of the Subcommittee for bringing this bill for-

ward and urge all members to support H.R. 2540.

Mr. Speaker, I reserve the balance of my time.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 4 minutes to the gentleman from Idaho (Mr. SIMPSON), the distinguished chairman of the Subcommittee on Benefits.

Mr. SIMPSON. Mr. Speaker, I thank the gentleman for yielding me this time and for his kinds words; and I am proud to rise in support of H.R. 2540, the Veterans Benefits Act of 2001. This bill comprises several of the bills we took testimony on in the Subcommittee on Benefits on July 10 as well as administrative provisions affecting the Court of Appeals for Veterans Claims, all of which we marked up in subcommittee on July 12.

I will briefly outline the various provisions of the bill, which makes an array of improvements to veterans benefits programs.

Title I would provide a cost of living adjustment, already mentioned, effective December 1, 2001, to the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation. As the committee has done in the past, the rate of increase will be the same as the Social Security COLA increase.

On July 9, the Department of Veterans Affairs issued final rules adding Type 2 diabetes to the regulatory list of service-connected illnesses presumed to be associated with exposures to the herbicide agents in Vietnam. VA based its decision on recent findings by the National Academy of Sciences. Section 201 of this bill codifies the VA regulations.

The remaining sections of title 2 addresses issues unique to Persian Gulf War veterans. They indeed are selfless individuals who went into harm's way to fight tyranny. About 12,000 of our 714,000 service members who served in the Gulf suffer from hard-to-diagnose illnesses.

Section 202 would expand the definition of undiagnosed illnesses to include fibromyalgia, chronic fatigue syndrome, and chronic multi-symptom illnesses for the statutory presumption of service connection, as well as for other illnesses that cannot be clearly defined. This section also lists signs and symptoms that may be a manifestation of an undiagnosed illness.

I would like to take this opportunity to thank the gentleman from Illinois (Mr. MANZULLO), the gentleman from Mississippi (Mr. SHOWS), and the gentleman from Florida (Mr. BILIRAKIS) for their work, and the gentleman from Texas (Mr. REYES) for working with me on this provision.

Section 203 would grant the Secretary the authority to protect the service-connected grant of a Persian Gulf war veteran who participates in a Department-sponsored medical research project. It is the committee's intention that this provision will